

No. 300
10-48

FILED SEP 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27616

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>33 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1309 So. Mo. Sedalia Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 So. Mo. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jincey</u>		b. (Middle) _____ c. (Last) <u>THOMAS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>8 24 1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-4-1886</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Gipson Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Halls Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Luranda Sikes</u>	
14. NAME OF HUSBAND OR WIFE <u>Allen Thomas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Allen Thomas</u>		ADDRESS <u>1309 So. Mo. Sedalia Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-24-1949</u> to <u>8-24-1949</u> , that I last saw the deceased alive on <u>8-24-1949</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D.R. Madril M.D.</u>		23b. ADDRESS <u>Sedalia Mo 116 1/2 W. Meason</u>	
23c. DATE SIGNED <u>8-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-26-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Main Street Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-25-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u> ADDRESS <u>251</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Ferguson</u>		ADDRESS <u>Sedalia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 29
District Health Officer No. 8,
District File Number _____
Date Filed 8 9-1-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed F. D. Ferguson

Signed _____
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.